

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number 10527249		Filing Date	
								Applicant(s) Dan Oz			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1										
2		1									
3		1									
4		1									
5		1									
6		1									
7		6									
8		(1)									
9		1									
10		1									
11		1									
12	1										
13		1									
14		1									
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17		5									
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19	1										
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